

Your Name



BUSINESS AND PROFESSIONS DIVISION REAL ESTATE UNIT DISCIPLINARY SECTION PO BOX 9015 OLYMPIA, WA 98507-9015

COMPLAINT FORM

Address			
	State		
Work Phone ()	Home Phone ()		
COMPLAINT INFORMATION	I		
Please complete the following inform	nation concerning the individual against whom	you wish to regist	er this complaint.
Licensee Name(s):			
Address	City	State	Zip
•	nation. You should address your compla ared in sequential order as the events		dates and details
With the explanation of your c	complaint, please provide copies of all	documents rela	ating to the listing

You will be kept informed of any investigation or action taken by this office.

The authority of the Department of Licensing is limited to taking disciplinary action to suspend or revoke real estate licenses. We do not have the authority to recover funds, award damages, or make judicial determinations, nor do our remarks constitute legal opinion.

If you have any questions regarding this form please feel free to contact our office at (360) 664-6484.

sale, and closing of this transaction.